

PIONEER  
GENERAL



HEAD OFFICE: PIONEER HOUSE, MOI AVENUE

P.O. BOX 20333 - 00200 NAIROBI, KENYA | TEL: 020-2220814/5 (10 LINES) FAX:020-2224985

E-mail: info@pioneerinsurance.co.ke | Website: www.pioneerassurance.co.ke

## WINDSCREEN/WINDOW DAMAGE CLAIM FORM

### DIRECTIONS:

- All questions must be answered in full, in BLOCK letters in the Claimant's own handwriting or to his dictation.
- The issuing of this form is not to be taken as an admission of liability by the insurers.
- Please attach a copy of PIN Certificate / ID

CLAIM NO:  BROKER'S / AGENT'S REF NO.

POLICY NO.

Name of Insured

Name of Claimant

Postal address  Postal Code

Telephone Office  House  Mobile

Email

Vehicle registration No.  Estimated cost of reinstatement (Kshs)

Make and type of vehicle

Name of garage

When did the accident occur?

Name of driver of vehicle

Description of incident and damage

Has any damage been caused to the vehicle other than the breakage of the window screen / windows?

Yes ☐ No ☐

If so, specify

Would you like the windscreen cover reinstated?

Yes ☐ No ☐

If yes, give the value and if applicable pay the premium Kshs.

### DECLARATION

I/We hereby certify that the above answers are true to the best of my/our knowledge and belief.

Date  Signature of insured: